

## SUPPORT BROKER—APPLICATION

**Submit completed application to:**

**Idaho Department of Health and Welfare  
Regional Medicaid Services  
Bureau of Developmental Disability Services  
Attn: Mellie Turritin  
3402 Franklin Road  
Caldwell, ID 83605**

The Division of Medicaid will notify you after your Support Broker Application is reviewed.

### Support Broker Application

PLEASE NOTE: Complete all parts of the application. An incomplete application or an application that does not clearly show the experience and/or training required will not be accepted. If you have no information to enter in a section, please write N/A.

Name and Address	
Name (First, MI, Last)	Social Security Number
Mailing Address	
City, State and Zip Code	
Home Phone	Cell Phone:
E-mail Address	May we use e-mail to contact you? Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional Information
I certify that I am 18 years of age or older. Please attach a copy of driver's license, birth certificate or other document to verify age. The minimum age to qualify to be a Support Broker is 18. <b>Signature:</b> _____
I understand that I must pass a criminal history background check for the Department of Health and Welfare or must have been granted an exemption from the criminal history unit in order to become a qualified support broker. <b>Signature:</b> _____ I am interested in providing support broker services to participants in the following towns, cities or rural areas: (Please write in the towns, cities and rural areas you want to serve): _____

Education			
High School	From	To	Did you graduate?
Continuing Education Please list any coursework, college(s) attended, vocational training or certification training.			
Location		Type of degree or diploma	
School	From	To	Did you graduate?
Location		Type of degree or diploma	
School	From	To	Did you graduate?
Location		Type of degree or diploma	
School	From	To	Did you graduate?
Location		Type of degree or diploma	
School	From	To	Did you graduate?

Relevant Work History					
List any jobs held which will illustrate at least two years verifiable experience with the target population.					
Job Title	From	To	Hrs/Week	Employer	
Address	Phone		Supervisor	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Responsibilities					
Job Title	From	To	Hrs/Week	Employer	
Address	Phone		Supervisor	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Responsibilities					

Job Title	From	To	Hrs/Week	Employer
Address	Phone	Supervisor	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Responsibilities				

Additional relevant training, coursework, skills or knowledge

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected and, if my qualification to provide services as a Support Broker may be terminated by the Department of Health and Welfare, Medicaid Division.

Signature

Date

### BACKGROUND CHECK CLEARANCE

You must complete a Department of Health and Welfare (DHW) Criminal History Background check.

Criminal history applications are submitted at their web site  
[www.chu.dhw.idaho.gov](http://www.chu.dhw.idaho.gov)

- ▶ Toll Free phone number (800) 340-1246
- ▶ Boise phone number: 332-7990
- ▶ E-mail [crimhist@dhw.idaho.gov](mailto:crimhist@dhw.idaho.gov)

The fee for the DHW criminal history background check is **posted on their web site.**

**The on-line criminal history application requires you to enter an Employer ID number. Enter 1710 as the Employer ID number.**

Criminal history clearance is typically three to seven days from fingerprinting. An e-mail notice will be sent to the Division of Medicaid, Bureau of Developmental Disability Services.

If you receive a conditional denial because of disclosures you made or information received by the Criminal History Unit during the background check process, an exemption must be granted before you will be able to receive a final background check clearance. You have 14 days to request an exemption hearing.

## **DENIAL OF APPLICATION**

If your application does not demonstrate that you possess the minimum qualifications, knowledge, skill and/or experience required of a Support Broker, you will be sent a letter denying your application. The letter of denial will contain information regarding your right to appeal the Department's decision to deny the application.

**Your application will be denied if you do not clear the criminal history background check.**

## **APPROVAL OF APPLICATION**

If your application is approved, you will be sent a letter with information regarding training and the qualifying Support Broker Exam. *Although training will be available, you are not required to take it. However, you will be tested and held responsible for knowing the information contained in the training.* This exam is designed to evaluate your comprehensive understanding of the principles and practices associated with Self-Direction. A minimum score of 70 is required to pass the exam.

You will be given information regarding training and scheduling of your exam in your acceptance letter.